



RENEWAL APPLICATION LIMITED REGISTRATION PROFESSIONAL EMPLOYER ORGANIZATION

Full name of applicant:

FEIN#:

DBA name(s) of applicant:

Principle business location (street, city, state, ZIP code):

Contact person:

Title

Telephone number
()

Email Address:

Website Address:

Is the applicant licensed in another state that has requirements substantially similar to or more restrictive than IC 27-16? Yes No If yes, list the
_____.

Is the applicant in good standing in that state? Yes No

Does the applicant maintain an office in Indiana? Yes No

If yes, do not proceed with this form but do proceed to complete an Application for Registration of Professional Employer Organization.

Does the applicant directly solicit clients located or domiciled in Indiana? Yes No

If yes, do not proceed with this form but do proceed to complete an Application for Registration of Professional Employer Organization.

Does the applicant have more the fifty (50) employees employed or domiciled in Indiana? Yes No

If yes, do not proceed with this form but do proceed to complete an Application for Registration of Professional Employer Organization.

The following attachments must accompany this application:

1. Renewal fee of two hundred and fifty dollars (\$250).
2. Certification from domiciliary state the applicant is registered and in good standing.
3. Provide a listing of the applicant's Indiana clients.

Do Not Write In this Section-For Departmental Use Only

I certify that ☐ *there have been no changes to any application information and documentation submitted during the last year; or*
I certify that ☐ *there have been changes to the previously submitted application information and the revised documentation is attached.*

Signature

Date

Printed Name

Title